PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE TALLARASSEE, FLORIDA

12 OCT 24 AM 8: 37

DOCUMENT # P04000163737

1. Corporation Name T.H.B. INC.

SIGNATURE:

I EINSTATEMENT 07-12

Date

Daytime Phone #

				3. Mailing Office Address 23 NW 8TH AVENUE				OCT 2 5 2012 T. CAULEY			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 12/6/04				
			City & State HALLANDALE, FLORIDA				5 FEI Number Applied For Not Applicable				
^{Zíp} 33009	Ü	Country JSA	^{Zip} 33009		Count	Ă		6. CERTIFICAT	E OF STATUS DESIRED		onal Fee required
7. Name and Address of Current Registered Agent								γ_{c}	011.331	C 2r	17
Name N					13/07/09 01016 003 \$450.00						
Street Address (P.C. Box Number is Not Acceptable) 1474-A WEST 84TH STREET											
Suite, Apt. #, Etc.								2001022222			
ĤĬALEAH				FL 33014 Code			ode	200163365372 10/25/1201002001 **1086.00			
8. I, being	appointed the re	egistered agent of the abo	ve named corpo	ration, am f	amiliar	with and acc	ept the ob	ligations of section	on 607.0505 or 617.0503,	F.S.	
Signature o		14/							14/2	2/10	
Registered	Agent	RI	GISTERED AG	ENT MUST	SIGN				Date (U		
9. Name:	s and Street Add	resses of Each Officer and	J/or Director (Flo	rida nonpro	ofit corpo	orations mus	t list at lea	st 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
P	TROY D. IPPOLITO			23 NW 8TH AVENUE					HALLANDALE, FL 33009		
Ab	FRANK IPPOLITO			200 HOLIDAY DRIVE			RIVE		HALLANDALE, FL 33009		
										1	
	* Per te	tephone Con	versati	on W	h.Hr	Tro	y I	ppolito	on 10/25/2	2012	
	Crave v	erbul Pern	rission	40 C	hai	nge	off	Dir til	es from M	R to f	416°
^{10.} E-ma	ail Address	. IROY@IRE	NDDESIG	INBUIL	D.C	UNI &	IHEN	D@ IHEV	IDDESIGNBUIL	_D.CON	/1
11 certify	that I am an offic	cer or director or the recer	ver or trustee er			for future and ite this applic		· · · · · · · · · · · · · · · · · · ·	apter 607 or 617. F.S. I further	certify that who	en filing this
reinstat owed b	ement application the corporation to the corporatio	n, the reason for dissolution have been paid. I further haware that false informati	h has been eiimi certify, the inform	inated, the d	corporated on	te name satis	sfies the re	equirements of se and accurate, and	ction 607.0401 or 617.040 d my signature shall have	it, F.S., and	that all fees al effect as

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR